HEALTH CARE FRAUD 2000
FOCUSING ON MANAGED CARE
(Sponsored by: DOD-OIG - Defense Criminal Investigative Service)

AGENDA

Sunday, September 10, 2000

5:00 p.m. - 9:00 p.m. **Registration and Information Desk**

6:00 p.m. – 9:00 p.m. **Reception (warm hors d'oeuvres) – Arlington Sheraton Hotel**
Presentation from CEO and CPA of a physician reimbursement consulting group representing large number of medical practices in the metropolitan area

Monday, September 11, 2000

7:30 a.m. – 5:00 p.m. **Registration and Information Desk**

7:30 a.m. - 8:00 a.m. **Continental Breakfast**

8:00 a.m. – 8:30 a.m. **Introduction and Welcome**

8:30 a.m. – 9:15 a.m. **Keynote Address**

9:15 a.m. - 9:30 a.m. **Break**

9:30 a.m. – 10:45 a.m. **TRICARE – Congressional Review**
The General Accounting Office (GAO) provides an overview of its work on the efficiency and effectiveness of TRICARE. GAO's presentation not only serves as a framework for the potential vulnerabilities of TRICARE to fraud, waste and abuse, but also points to the progress and positive actions that DOD has taken to make improvements in this area.

10:55 a.m. – 12:00 p.m. **Initiatives in Managed Care Investigation** (Panel)
An examination of initiatives by our leading law enforcement agencies in managed care fraud investigation. Trends and techniques used in the agency proactive activities.

12:00 p.m. – 1:30 p.m. **Luncheon with Speaker**

1:30 p.m. – 2:25 p.m. **Introduction to Managed Care – TRICARE (Part I)**
TRICARE Managed Care contracts. How and why they were established. How they differ from other contracts and their vulnerabilities

2:30 p.m. – 3:30 p.m. **Managed Care – TRICARE (Part II)**
Fraud Control Plan for the TRICARE Managed Care Program

3:35 p.m. – 4:45 p.m. **Operation – TRICARE Fraud (Part III)**
Operation TRICARE Fraud Watch & Managed Care Support contractors.

9:30 a.m. - 5:30 p.m. *Exhibits Display*

Tuesday, September 12, 2000

7:30 a.m. – 4:30 p.m.   **Information Desk & Registration**

7:00 a.m. - 8:00 a.m.   **Continental Breakfast**

8:00 a.m. – 9:30 a.m.   **The Role of the Prime Contractor in Combating Fraud (Part IV)**
Under Managed Care Contractors such as Humana, TriWest, Anthem, Foundation and Sierra are responsible for the administration of the TRICARE contract. They are the front line in screening and processing claims and providing service. A detailed look at how these contractors identify and report allegation of fraud..

9:40 a.m. – 11:00 a.m.   **Fraud Indicators in Resource Sharing Contracts & Financing Agreements (Part V)**
Resource Sharing contracts allow treatment facilities to increase productivity by providing needed medical personnel and support under Managed Care contacts. What are the indicators to detect irregularities within these contracts?

11:10 a.m. – 12:15 p.m.   **Prosecutive Decision Making in Health Care Fraud**
What interests prosecutors in healthcare fraud investigations? How do prosecutors view managed care fraud? What do prosecutors look for? What every Special Agent/Investigator should know. Profile of a successful prosecution.

12:15 p.m. – 1:30 p.m.   **Lunch** (*on your own*)

(Breakout Sessions)
1:30 p.m. – 3:30 p.m.   **Case Study: Operation Overdraw (Law Enforcement and Prosecutors Only)**
A candid discussion of techniques used in this healthcare case from formulation, through investigation and conviction.

1:30 p.m. – 3:30 p.m.   **Case Study: National Medical Care, Inc.**
A case study of one of the largest healthcare settlements involving a multi-disciplined task force. Learn what made this case so successful.

1:30 p.m. - 3:30 p.m.   **Case Study: Investigating Community Mental Health Clinics and Rehabilitation Centers.**
A detailed case study of techniques, problems, and solutions in the investigations of mental health and rehabilitation centers. This will include audit support, data analysis, evidence, court orders and access to patient records.

3:40 p.m. – 4:50 p.m.   **What's on the Internet – Pharmaceutical Fraud**
Use of the Internet to purchase prescription drugs has grown 1000%. In 1999, consumers spent $93 million buying over-the-counter drugs on the Internet. Who buys, who sells, who prescribes? Is this the new frontier for healthcare fraud?

3:40 p.m. – 4:50 p.m.   **Fraud in a Capitated Managed Care Environment – Federal Activity**
HHS/OIG through its Office of Investigation, Inspection, Audit and Program Integrity have partnered with the Health Care Financing Administration to detect under served populations and detect fraud. What techniques can we learn from the Medicare Managed Care?

3:40 p.m. – 4:50 p.m.   **Role of Audit Support in Health Care Investigations**
TRICARE has awarded seven contracts to five contractors at an estimated cost of $15.2 billion over 6 years. DCAA has now reclassified healthcare contractors as major contractors for audit. This change should lead to increase of audits and investigative referrals.

9:30 a.m. - 5:30 p.m.   *Exhibits Display*

Wednesday, September 13, 2000

7:30 a.m. - 8:30 a.m.   **Continental Breakfast**

(Breakout Sessions)

8:30 a.m. – 9:45 a.m.   **Data Mining: Early Detection Techniques**
Computer applications are used to analyze trends and patterns in healthcare billings. This analysis may also be used to detect fraud in managed care systems. What are some of the techniques and billing patterns used in data mining?

8:30 a.m. – 9:45 a.m.   **Legislation: Medical Records Privacy and Law Enforcement**
New regulation under HIPPA places greater constraints on law enforcement to access medical information. What changes will these new requirements bring and how will affect healthcare investigations by Federal and state agencies.

8:30 a.m. – 9:45 a.m.   **Fraud in a Capitated Managed Care Environment – State Level Fraud**
State Medicaid Fraud Units have led the field in addressing Managed Care Fraud. A look at how State Fraud Units have identified and investigated Managed Care Fraud.

9:45 a.m. – 10:00 a.m.   **Break**

10:00 a.m. – 12:00 p.m.   **Managed Care Forum: Challenges and Solutions for the Future**
How is the growth of the managed care industry affecting patients, providers, treatment facilities and policy makers? Will the system ultimately enhance service and reduce fraud?

12:00 p.m. – 12:30 p.m.   **Final Comments**